WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38091

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6242 B — Registered No. 365

City Koch (No. ..... St. ..... Ward)

2. FULL NAME John Simon

(a) Residence. No. 804 South 4th St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 2 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	1	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nil
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Syria
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Simon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Syria
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie (unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Syria
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch Missouri

15. FILED Nov. 2, 1928 L. C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1928, to Nov. 2, 1928 that I last saw him alive on Nov. 2, 1928, and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

About (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Gastro Intestinal Tbc.

About (duration) X yrs. 8 Mo. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) H. L. Jallout, M. D.
11/2/28 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. S. Peter & Paul — DATE OF BURIAL No. 5th 1928

20. UNDERTAKER Mr. P. Collins — ADDRESS 928 N. Grand